

Application Data Sheet
Application Information

Application number::

Filing Date::

Application Type::

REGULAR

Subject Matter::

UTILITY

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

NONE

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

PAPER

Computer Readable Form (CRF)?::

Number of copies of CFR::

Title::

METHOD FOR DYNAMICALLY
GENERATING A WRAPPER

Attorney Docket Number::

BEAS-01339US3

Request for Early Publication?::

NO

Request for Non-Publication?::

NO

Suggested Drawing Figure::

3

Total Drawing Sheets::

4

Small Entity?::

NO

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Typ ::

Lic nsed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: CHINA

Status:: FULL CAPACITY

Given Name:: FEI

Middle Name::

Family Name:: LUO

Name Suffix::

City of Residence:: BEDMISTER

State or Province of Residence:: NJ

Country of Residence:: US

Street of mailing address:: 268 LONG MEADOW ROAD

City of mailing address:: US

State or Province of mailing address:: NJ

Country of mailing address:: US

Postal or Zip Code of mailing address:: 07921

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: US

Status:: FULL CAPACITY

Given Name:: ALEXANDER

Middle Name::

Family Name:: SOMOGYI

Name Suffix::

City of Residence:: BERNARDSVILLE
State or Province of Residence :: NJ
Country of Residence:: US
Street of mailing address:: 87 RAVINE LAKE ROAD, HAYLOFT
City of mailing address:: BERNARDSVILLE
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 07924

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: WILLIAM
Middle Name:: JOHN
Family Name:: GALLAGHER
Name Suffix::
City of Residence:: EASTON
State or Province of Residence:: PA
Country of Residence:: US
Street of mailing address:: 1885 DAYTON
City of mailing address:: EASTON
State or Province of mailing address:: PA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 18040

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: INDIA

Status:: FULL CAPACITY
Given Name:: RAHUL
Middle Name::
Family Name:: SRIVASTAVA
Name Suffix::
City of Residence:: RANDOLPH
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 27 ARNOLD DRIVE
City of mailing address:: RANDOLPH
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 07869

Correspondence Information

Correspondence Customer Number:: 23910
Phone number:: (415) 362-3800
Fax Number:: (415) 362-2928
Email address:: SBachmann@fdml.com

Representative Information

Representative Customer Number:: 23910

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/450,614	02/28/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: BEA SYSTEMS, INC.
Street of mailing address:: 2315 NORTH FIRST STREET
City of mailing address:: SAN JOSE
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95131